and the umbilicus; it is rare about the face. It is said that the Indian boatman's back is generally well covered with ringworm.

We have thus drawn attention to some of the more interesting points contained within the volume under consideration. We commend it heartily to all engaged in dermatology, feeling confident that they will find much valuable material within its pages. The work cannot fail to be a means of stimulating the study of this class of diseases throughout the Orient and other tropical countries. L. A. D.

ART. XXXII.—*International Exhibition*, 1876, *Official Catalogue.* 4 vols. Philadelphia: John R. Nagle & Co., 1876.

IN the preceding number of this Journal we gave a sketch of the medical exhibit at the International Exhibition, made by the United States Government. In this issue we give a brief survey of some of the remaining portions of the general exhibit which are of particular interest to the medical profession.

In the Swedish department there are some medicated leaves exhibited by G. Peltz, of Stockholm, and made according to a plan claimed to be invented by Prof. Almen, of Uppsala. The process consists in pouring the drug used into dissolved gelatine, which is then baked into thin leaves divided by lines into small squares, each corresponding to an ordinary dose. They closely resemble the medicated disks which for some time have been used in ophthalmic surgery, and which have also recently been prepared for hypodermic use.

In the class of periodical literature, the only exhibit made is by Prof. Axel Key, of his well-known *Nordiskt Medicinskt Archiv*, which was begun in 1869, is published quarterly, and contains able contributions from the leading medical minds of Sweden, Norway, Denmark, and Finland. An excellent feature of this journal consists in a summary in French of all the original articles contained in the number. Prof. Key also exhibits, in connection with his colleague, Prof. G. Retzius, the first part of their superb atlas of studies in the anatomy of the nervous system and connective tissues.

Prof. Zander, of Stockholm, exhibits in Machinery Hall a series of apparatus for mechanical gymnastics, consisting of twelve different machines, of which seven are intended for active movements, and five for passive motion. The whole set forms part of the gymnastic apparatus (stated to number fifty) used in the Mechanico-Therapeutic Institute of Stockholm. All those intended for passive motion are worked by steam, and have a scale by which the patient is enabled to regulate their force, and gradually to increase the action of his muscular system, and also to ascertain exactly how much he may have gained in power.

From the educational exhibit we learn that in Sweden there are two universities, viz., Uppsala, the oldest (1477), and Lund (1668), both of which are wealthy, and receive annually large grants from the government. Each contains a valuable library, that at Uppsala numbers 180,000 volumes and 8000 MSS., that at Lund upwards of 100,000 volumes. In addition to the medical faculties of these ancient universities, there exists a third school, the Royal Carolian Medico-Chirurgical Institute at Stockholm, the origin of which may be traced back to the year 1667. This school is also liberally aided by the government, and is under the superintendence of the Chancellor of the University of Uppsala. The number of teachers in this school is twenty-two, of which eight are professors, five extra professors, five adjuncts, and four docents. The number of scholars averages one hundred.

In the Netherlands exhibit, are a series of plaster of Paris bandages made by Dr. A. Mathijsen, according to his method, first introduced in 1851. It consists in using strips of coarse flannel rubbed on both sides with fine, dry plaster, and then rolled up very loosely and laid in water for a few moments before application.

That, however, which undoubtedly is most interesting to the physician in the collection of the Netherlands and her colonies is the superb herbarium, illustrating cinchona cultivation in Java. The collection comprises specimens of the bark of every variety in all stages of growth, of the wood and leaves, and of the derivative alkaloids. The Dutch Government, actuated by various motives, in 1851, undertook the introduction of the cinchona tree into the Island of Java. The first tree was brought from Paris, where it had been raised from seed imported from Bolivia. In the following year, Dr. J. C. Hasskarl was sent by the Government to Peru, to collect cinchona plants and seeds; and seeds were also obtained from Madras, Bolivia, and New Granada. The plantations in this way begun have prospered exceedingly. At the end of March, 1875, the Government had seven plantations, covering an area of about 1500 acres, and containing 2,020,810 plants. Besides these, cinchona trees have been distributed over the entire Indian Archipelago, and on the Islands of Sumatra and Celebes several small plantations are to be found.

The cinchona calisaya, var. microcarpa Weddel, and the cinchona officinalis are the varieties principally cultivated. The barks of the cultivated cinchonas are found on analysis to contain at least as large a quantity of the alkaloids as those of the same species from South America. Analysis has also shown that the cinchona calisaya, var. microcarpa of Weddel, surpasses all other species in the average yield of quinia. Since 1873, when this bark was first recognized among the calisayas of the Java plantations, the cultivation of all other calisayas excepting it and the C. officinalis has been abandoned. All the trees of the other species will be extirpated as soon as they yield a good crop of bark and the C. calisaya, var. microcarpa will take their place.

We are informed that the cinchona harvest is annually increasing, and that in 1875 it yielded a profit, which, it is confidentiy expected, will increase annually.

In the Russian department we find some very handsome surgical instruments, made by the Chirurgical Instrument Manufactory, War Department, St. Petersburg, a collection of urethrotomy instruments by Eberman of the same city, and an injector for embalming the dead, by Dr. Wywodzoff, of St. Petersburg.

For the proper preservation of bodies for anatomical or other purposes, Dr. Wywodzoff lays down the following requisites: 1st. That the body shall be preserved in a soft, flexible condition for at least three months; 2d. The tissues should not be changed in colour; 3d. The material used should be neither injurious to the health nor spoil the instruments employed in the operation; 4th. The material used must either be free from odour, or it must have an agreeable odour; 5th. The material must be cheap. These qualifications are possessed by thymol and salicylic acid. Thymol, when combined with animal tissue, preserves it from decay by retarding decomposition; it also possesses deodorant properties, and when taken internally is harmless. The cost of thymol is twelve times that of carbolic acid, but the very small quantity of thymol used to obtain the same effect, makes it a cheaper disinfectant or antiseptic.

Dr. Wywodzoff's researches on the preservation of subjects led him to the following conclusions:—

1st. Thymol, diluted with water and glycerine (℞. Thymolis, ℈ij; glycerinæ, lb. iv; aquæ, lb. ij), is the best preservative liquid which can be used for the injection of a whole body, as well as of separate organs. Like carbolic acid, it evaporates, which enables it to come in contact with the parts which begin to dry after the injection.

2d. Salicylic acid is also a good preservative, but only when it is in actual contact with all parts of the injected tissues.

3d. The quantity of the liquid used must be half the weight of the body.

4th. The success of the injection can be best obtained when the cavities are not opened, the viscera left in, and unnecessary incisions avoided.

5th. The complete injection of a body must be accomplished by slow filling of the bloodvessels; this can readily be done by Dr. Wywodzoff's injector, which is to be seen in the exhibition, but cannot be intelligently described without illustrations. Dr. Wywodzoff claims that the good results obtained are due to the slow filling of the bloodvessels which is insured by the use of this injector.

The results obtained by this process are certainly the best we have ever seen. In specimens, exhibited by Dr. Wywodzoff, several months after injection, the skin retained its original colour, and the muscles and joints were in their natural soft and flexible condition. The method is extremely well adapted for the preservation of subjects for dissection, and we would strongly recommend its trial to all who are engaged in teaching practical anatomy.

In the Austrian department Dr. Politzer exhibits a number of ear preparations which show at a glance the anatomical relations of the parts, and especially the position of the membrana tympani, ossicles, and labyrinth. The normal preparations show—1. The outer and inner surfaces of the membrana tympani with the ossicula auditûs; 2. The bony meatus entirely separated from the surrounding bones, showing the oblique position of the membrana tympani; 3. Vertical and horizontal sutures of the ear, showing the Eustachian tube, cochlea, and vestibule from various aspects; 4. The relation of the semicircular canals to the tympanum; 5. The position of the cochlea with relation to the tympanum; the cochlea being in some of the preparations laid open to show the lamina spiralis; 6. Various views of the different parts of the ear in connection. The pathological preparations are: 1. Calcareous deposits in the membrana tympani; 2. Double perforation of the membrane; 3. A very large perforation, the membrane being almost entirely destroyed; 4. Funnel-shaped growth of the membrana tympani to the inner wall of the tympanum (rare); 5. Separation of the handle of the malleus from the membrana tympani (rare); 6. Extensive calcareous and cicatricial degeneration of the membrane, and growth to the inner wall of the tympanum; 7. Adhesion of the membrana tympani to the inner wall of the tympanum in such a way as to close the tympanic opening of the Eustachian tube; 8. Destruction of the membrana tympani and growth of the lower end of the handle of the malleus with the promontory. Dr. Politzer also shows casts of anomalies in the arching and of solutions of continuity of the membrana tympani. It is unnecessary to call attention to the importance of a knowledge of the state of the membrana tympani with reference to diseases of the organ of hearing, and especially of the middle ear. Beginners meet with great difficulties in discerning changes in the convexity of the membrana tympani and certain forms of solution of continuity, and great assistance is afforded by the demonstration of well-marked pathological preparations. Besides the fact that many changes in the membrana tympani observed during life nearly or totally disappear after death, the small size of the object renders it difficult for the beginner to reconcile the state found after death with that observed during life. Dr. Politzer has, therefore, had made a series of fifteen enlarged preparations in wax, showing perforations, calcareous deposits, cicatrices, adhesions, granular myringitis, the formation of vesicles, excessive vaulting inwards, etc.

We are happy to learn that these beautiful preparations have been purchased by the Mütter fund for the Pathological Museum of the College of Physicians of Philadelphia.

With the assistance of Dutch physicians especially, the study of medical science has been successfully carried on for more than twenty years at Nagasaki, Japan. In 1872 a medical college, under native direction, was established in Tokio, and has now over five hundred students attending its instruction. Under the stimulus thus given, Japanese artisans have exerted themselves to manufacture the various instruments used in medicine and surgery, and the results exhibited are very creditable to their skill.

From the Chinese medical exhibit, we regret to say, there is nothing useful to be learned. A study of the 756 specimens of their native drugs, vegetable and mineral, carries us back to the therapeutics of the middle ages. For instance, we are told that the common hedgehog's skin is decocted for pulmonary complaints, and is powdered and made into pills which are administered for cutaneous diseases; that a decoction of centipedes is used in gonorrhœa; and that dried human urine is given in pulmonary complaints, possesses demulcent properties, and taken internally is supposed to cure debility. Eggs boiled in boy's urine are also considered by the native physicians very strengthening. A multiplication of these examples would not, however, serve any useful purpose; enough has been said to show that the light of medical science has not yet penetrated the realms of the Celestial Empire. I. M. H.

ART. XXXIII.—*Extract from the Ninth Annual Report of the State Board of Charities of the State of New York, relating to Hospitals for the Sick and Insane. . . . To which is appended a Report relating to the Management of the Insane in Great Britain.* By H. B. WILBUR, M.D.

THE "extract," here given, is simply introductory and commendatory to the report of Dr. Wilbur. We, therefore, pass directly to the latter.

After stating that his recent tour abroad was for the purpose of inspecting some of the British "asylums for idiots and the insane," and that letters of introduction were given him by certain gentlemen in authority with a request to report the results of his observations, Dr. Wilbur adds: "Having, myself, had the charge of a State institution for nearly twenty-five years, and having, in a former visit to Europe, seen something of the management of foreign institutions, I was not unfamiliar with the subject." As in the thirty pages of this essay there does not follow another word about the care of idiots, but, on the contrary, provision for the insane is the sole subject treated, we think the reader unacquainted with the facts, and connecting the above quotation with the subject-matter treated, will be a little surprised when we tell him that the Dr.'s twenty-five years of experience was not in hospitals for the insane, but in charge of institutions for idiots. We may be exceptionally dull, but we wholly fail to see how service in this latter line—honourable and every way commendable as it undoubtedly has been—can have possibly given to the writer any eminent ability to criticise and compare the insane hospitals of his own and other lands. Yet he speaks as one having authority, and is not by undue modesty prevented